

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 JUN -9 PM 1:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L07000082446

1. Entity Name
BAINBRIDGE WELLINGTON, LLC



Principal Place of Business
W FOREST HILL BLVD STE 1307
WELLINGTON, FL 33414

Mailing Address
W FOREST HILL BLVD STE 1307
WELLINGTON, FL 33414



2. Principal Place of Business - No P.O. Box #
12765 W. Forest Hill Blvd.
Suite, Apt. #, etc.
Suite 1307

3. Mailing Address
12765 W. Forest Hill Blvd.
Suite, Apt. #, etc.
Suite 1307

04232009 REIN-LLC CR2E101 (1/07)

City & State
Wellington, FL

City & State
Wellington, FL.

Zip
33414

Country
U.S.A.

Zip
33414

Country
U.S.A.

4. FEI Number
26-0707119

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFREY A DEUTCH PA
7777 GLADES ROAD STE 300
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|------------------------------------|--|---|
| FILE NOW!!! FEE IS \$277.50 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
|------------------------------------|--|---|

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|--|--|---------------------------------|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Bainbridge Manager LLC 12765 W. Forest Hill Blvd #1307 Wellington, FL 33414 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400156844554 06/05/09--01004--006 **282.50 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 08, 09 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____

JUN 10 2009